

## 2017 Medical Expense Summary Worksheet

Name: \_\_\_\_\_

To expedite the preparation of your tax return, you may use this worksheet to summarize your medical and dental expenses.

It is important for you to keep the receipts with your tax documents as supporting evidence in the event of an IRS question or audit; however, we only need your medical expenses summarized as follows:

|   |              |            |   |
|---|--------------|------------|---|
| Prescription medications  |              |            | - |
| Fees for doctors, dentists, etc.  |              |            | - |
| Fees for hospitals, clinics, etc.   |              |            | - |
| Lab & X-ray fees  |              |            | - |
| Medical aids (eyeglasses, contact lenses, hearing aids, braces, crutches, wheelchair, etc.) |              |            | - |
| Medical equipment and supplies  |              |            | - |
| Medical mileage expenses  | Miles Driven | cents/mile |   |
| Medical mileage expense   |              | 0.19       | - |
| Parking fees, tolls and local transportation for medical activities                         |              |            | - |
| Lodging for medical purposes (up to \$50 per night per person)                              |              |            | - |
| Health Insurance premiums   |              |            |   |
| Medicare B insurance premiums   |              |            |   |
| Medicare D insurance premiums   |              | -          |   |
| SE health insurance not deducted as income adjustment                                       |              | -          |   |
| Health insurance premiums paid from K1  |              | -          |   |
| Other allowable health insurance premiums   |              |            | - |
| Qualified long-term care contract premiums  | Filer        | Spouse     |   |
| Age   |              |            |   |
| Qualified long-term care contract premiums Limitation (based on age)                        |              |            |   |
| Amount deductible   |              |            |   |
| Total allowable health insurance prem   |              |            |   |
| Expenses to stop smoking  |              |            | - |
| Other out of pocket Medical/Dental expenses (specify)                                       |              |            |   |
|   |              |            | - |
|   |              |            | - |
|   |              |            | - |
|   |              |            | - |
| Less: insurance reimbursement for any expenses listed                                       |              |            |   |
| Total deductible medical and dental expenses*   |              |            | - |

\* Total does not include Qualified long-term care contract premiums

THE INTENT OF THIS WORKSHEET IS TO SUMMARIZE YOUR MEDICAL EXPENSES FOR THE PURPOSE OF TAX PREPARATION AND REPORTING. YOU THE TAXPAYER, ARE RESPONSIBLE FOR MAINTAINING AN ACCURATE AND COMPLETE RECORD OF YOUR MEDICAL EXPENSES. UNDER TAX REGULATIONS YOU ACKNOWLEDGE THAT YOU HAVE SUPPORTING DOCUMENTATION (I.E. RECEIPTS, BANK RECORDS) REFLECTING TRANSACTIONS FOR THE TOTALS STATED ABOVE.